

ADAM H. PUTNAM COMMISSIONER

Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

PESTICIDE USE INSPECTION REPORT

Section 487.071, F.S. Telephone Number (850) 617-7880

File Number: 114-223-4092	ate: 10-22-14 County: Polm Brock
File Name: Thomas & Summersill, Inc.	File Type: UAF
Name: Thomas A. Summissill; Mailing Address: PO Box 70	
City: Bills blods FL	Zip Code: 32 42 0
A 500 20 (NV	City: Alla 61. de FL 334.
II. HISTORY OF BUSINESS	
Corporate/Company Officers Title and Responsibility	
Thomas Summersill	Prisident.
Name and Address of Related Firms:	
Persons Interviewed Jeff Summer sill Brif Summer sill	Vic-President/Pilot
Number of Licensed Applicators at Firm:	VIII. 211XL-
III. PESTICIDE STORAGE	
Are RUP's stored in a secure manner?	Yes No N/A
2. Are pesticides stored according to label directions?	Yes No NA
3. Condition of storage area appears not to injure or endanger wa	NATION PROPERTY PARTY AND ADMINISTRATION OF THE PARTY OF
Comments:	
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IV.	APPLICATION INFORMATION	1						
1.	Are the crops/target sites at this firm listed on the product labeling?	Va Yes	a	No		N/A		
2.	Are application rates/methods/equipment consistent with label directions?	w yes		No		N/A		
3.	Are pre-harvest intervals consistent with label directions?	Yes	u	No		N/A		
4.	Does applicator have supplemental labeling in possession at time of application?	Z Yes		No		N/A		
5.	Is PPE available and used as required by the pesticide label?	Z Yes		No		N/A		
6.	Are REI's and posting requirements observed according to label directions?	Z Yes		No	0	N/A		
7.	5 1.1 1 16 No. 16 N			No		N/A		
8.	2 consists of the second of according to local dispersion 2			No		N/A		
9.	Have conditions of mix/load and wash down sites been reviewed (obtained photos)?	Yes		No		N/A		
10	Are products with special state regulations used properly?	Cl Yes		No	8	N/A		
Organo-auxin								
_	TOTAL A PROTICIPE OF CHICKING LICENCURE							
V.	RESTRICTED USE PESTICIDES & PESTICIDES REQUIRING LICENSURE	_						
1.	Are USE records maintained according to Rule 5E-9.032?	E Yes	. 🗆	No		N/A		
2.	to the state was identified appearaining according to Pule 5E 0.0142		3 0	No		N/A		
3.	Has aerial applicator maintained proof of financial responsibility per Rule 5E-9.036?	Yes	; 	No		N/A		
Comments:								
VI. BACKGROUND / OTHER RELEVANT INFORMATION								
VII. SIGNATURES								
To the best of my knowledge, the information recorded in this report accurately portrays the activities at this firm. Cr								
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